FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051393 (4)

BROWARD JANITORIAL SERVICES, INC.

FILED Apr 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		- 1 10011001 110 10111 01011 00111 00111 00111	81101 11604 1416 18169 1111 1891
2655 N.E. 8TH AVE. P.O. BOX 100742					
APT. 3 FT. LAUDERDALE FL 33310		3310			
FT. LAUDERDALE FL 33334				DO NOT WRITE IN TH	I\$ SPACE
				3. Date Incorporated or Qualified	
				07/12/1994	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	# ata	26		65-0508887	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curren		1001	10. Name and Address of New Registers	
DU	INCANSON, DANIEL		81 Name		
	22 NW 21ST ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
E .	UDERHILL FL 33313		02 Street Auc	press (F.O. Box Number is Not Acceptable)	
			83	· · · · · · · · · · · · · · · · · · ·	
			84 City		lee Zie Oade
			O4 City	F	85 Zip Code
				poration submits this statement for the purpose	
office of f	' egiste red agent, or both, in the State im fam iliar with, and accept the obliga	of Florida, Such change was ations of, Section 607,05 05 , F	authorized by the corpora- forida Statutes.	ation's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE	, ,				
Grantinonia	Signature, typed or printed name of registered agei		TE: Registered Agent signature requ	ured when reinstaling) DATI	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DIANCANCON DANIEL 44	☐ DELETE	1.1 TRILE		Change
NAME	DUNCANSON, DANIEL M 2655 N.E. 8TH AVE., APT. 3		1.2 NAME	1900 miles alet St	
STREET ADDRESS	FT. LAUDERDALE FL 33334		1.3 STREET ADDRESS 3	1 1 1 20 22 24	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP	1922 N.W. 21st St. ANDRES. 1), Fl. 33334 1922 N.W. 21st St. LONDERDILL, Fl. 32334	Change Addition
NAME	DUNCANSON, MIRIAM	L.J DELEGE	2.2 NAME	1 1	TO CHANGE THEORIGIN
	2655 N.E. 8TH AVE., APT. 3		2.2 NAME	1922 Miles List 57.	1
STREET ADDRESS	FT. LAUDERDALE FL 33334		2.3 STREET ADDRESS J	1 2 6 11 1/ 34200	
CITY-ST-ZIP TITLE	71. @ 19921101122 1 2 00001	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	ABRO REMINI , 1 1. 22201	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME					_ ' _
1			■ 4. 2 NAME		
STREET ADDRESS			4. 2 NAME 4.3 STREET ADORESS		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		:
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE			Change Addition
CITY-ST-ZIP		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 Title		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of the corporation with an address.

4.1200